



CER	TIFIC	ATE OF ACCEPTANC	Ī					NRCA-MCI	
Supply Water Temperature Controls Acceptance								(Page 1 of 2)	
Project Name:			Enforcement A	Enforcement Agency: Peri			ermit Number:		
Project Address:			City:	City: Zip			p Code:		
		ce Results: TED ("Complies" or "Do	oes Not Comply")	Enforcement Agenc	y Use: Check	ed by/Date		
Intent:		Ensure that both the chilled water and hot water supply temperatures are automatically reset based on either building loads or outdoor air temperature, as indicated in the control sequences. (§140.4(k)4) Exception: Hydronic systems that use variable flow to reduce pumping energy. (§140.4(k)1) Submit one Certificate of Acceptance for each system that must demonstrate compliance.						on either building	
A. Co	onstru	uction Inspection							
Building:		Floor:			Room/Area/Zone:		Control/System:		
1.	Req	equired documentation (check all of the following):							
	a.	IF factory calibrated, the factory calibration spec sheet.							
2.	Pric	or to Functional Testing, verify and document the following:							
	a.	Supply water temperature sensors have been either factory or field calibrated. (NA7.5.8.1(a))							
Cons	truct	ion Inspection Complia	ince Results: AU	TOMATED ("Comp	lies" or "Does Not Com	ıply")			
B. Fu	ınctio	onal Testing							
Step	s:							Results	
1		Change reset control 1)	variable to its m	aximum value. Ve	rify and document the	following: (NA7.5.8.2 (Step		
	a.	Chilled or hot water temperature setpoint is reset to appropriate value. (NA7.5.8.2 (Step 1a))						P/F	
	b.	Verify that actual supply temperature changes to within 2 percent of the new setpoint. (NA7.5.8.2 (Step 1b))				P/F			
2		Change reset control variable to its minimum value. Verify and document the following: (NA7.5.8.2 (Step 2))							
	a.	Chilled or hot water temperature setpoint is reset to appropriate value. (NA7.5.8.2 (Step 2c))						P/F	
	b.	Verify that actual supply temperature changes to within 2 percent of the new setpoint. (NA7.5.8.2 (Step 2d))						P/F	
3		Restore reset control variable to automatic control. Verify and document the following: (NA7.5.8.2 (Step						1)	
	a.	Chilled or hot water temperature set-point is reset to appropriate value. (NA7.5.8.2 (Step 3e))						P/F	
	b.	Verify that actual supply temperature changes to within 2 percent of the new setpoint. (NA7.5.8.2 (Step 3f))					P/F		

STATE OF CALIFORNIA



CEI	RTIFICATE OF ACCEPTANCE			NRCA-MC				
	oply Water Temperature Controls Acc	ontanco		(Page 2 of 2)				
	ect Name:	Enforcement	Agency:	Permit Number:				
-,-			5- 4					
Proje	ect Address:	City:		Zip Code:				
DO	CUMENTATION AUTHOR'S DECLARATION	I STATEMENT						
1.	I certify that this Certificate of Acceptan	ce documentation is	accurate and complete.					
Dod	cumentation Author Name:		Documentation Author Signatu	Documentation Author Signature:				
Dod	cumentation Author Company Name:		Date Signed:	Date Signed:				
Add	dress:		ATT Certification Identification	ATT Certification Identification (If applicable):				
City	//State/Zip:		Phone:					
FIE	LD TECHNICIAN'S DECLARATION STATEM	ENT						
	rtify the following under penalty of perjury, un							
1.	The information provided on this Certificate	•		I= 1 · · · ·				
2.	I am the person who performed the acceptance verification reported on this Certificate of Acceptance (Field Technician).							
3.	The construction or installation identified on this Certificate of Acceptance complies with the applicable acceptance requirements indicated in the plans and specifications approved by the enforcement agency, and conforms to the applicable acceptance requirements and procedures							
	specified in Reference Nonresidential Appen	= :	and comorms to the applicable acceptar	ice requirements and procedures				
4.	I have confirmed that the Certificate(s) of Installation for the construction or installation identified on this Certificate of Acceptance has been							
	completed and signed by the responsible bu	ilder/installer and has l	been posted or made available with the	building permit(s) issued for the				
Fial	building. ld Technician Name:		Field Technician Signature:					
	ld Technician Company Name:		Position with Company (Title):					
	dress:			ATT Certification Identification (if applicable):				
City	//State/Zip:		Phone:	Date Signed:				
	SPONSIBLE PERSON'S DECLARATION STA							
_	ertify the following under penalty of perjury, un							
1.	I am the Field Technician, or the Field Techni	cian is acting on my be	half as my employee or my agent and I h	nave reviewed the information				
2	provided on this Certificate of Acceptance.	and Duefersians Cada	in the conditional constitution to const	and the little for the country				
2.	I am eligible under Division 3 of the Business							
	design, construction or installation of feature Certificate of Acceptance and attest to the d	· ·		ope of work identified on this				
3.	·			an identified on this Cortificate of				
٥.	The information provided on this Certificate of Acceptance substantiates that the construction or installation identified on this Certificate of Acceptance complies with the acceptance requirements indicated in the plans and specifications approved by the enforcement agency, and							
	conforms to the applicable acceptance requirements and procedures specified in Reference Nonresidential Appendix NA7.							
4.	I have confirmed that the Certificate(s) of Installation for the construction or installation identified on this Certificate of Acceptance has been							
	completed and is posted or made available with the building permit(s) issued for the building.							
5.	I will ensure that a completed, signed copy of this Certificate of Acceptance shall be posted, or made available with the building permit(s)							
	issued for the building, and made available t	o the enforcement age	ncy for all applicable inspections. I unde	erstand that a signed copy of this				
	Certificate of Acceptance is required to be in	cluded with the docum	nentation the builder provides to the bui	ilding owner at occupancy.				
Res	sponsible Acceptance Person Name:		Responsible Acceptance Perso	on Signature:				
Responsible Acceptance Person Company Name:			Position with Company (Title):	Position with Company (Title):				
Add	dress:		CSLB License:					
	y/State/Zip:		Phone:	Date Signed:				